Minutes
Drug Utilization Review Board Meeting
DATE: March 11, 2015

Meeting Purpose: Quarterly Board Meeting
Meeting opened at 6:00 PM by Chair, Patrick Reilly

Attendance: Adam Bard Burrows, M.D.; Timothy Fensky, R.PH.; Leslie S. Fish, Pharm. D.; Paul Jeffrey, Pharm. D.; Karin Gardner Johnson, M.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm. D.; Audra R. Meadows, M.D., MPH.; Brian O'Neil, R.PH.; Patrick Reilly, R.PH.; Karen Ryle, M.S., R.PH.

Absent: Camilla S. Graham, M.D., MPH.

Agenda Items

I. Welcome and Introductory Remarks
II. Pediatric Behavioral Health Initiative Preliminary QA
III. Hepatitis C Agents Preliminary QA
IV. Gout Agents QA
V. MHDL Update
VI. DUR Operational Update
VII. MassHealth Update

Agenda Item	Discussion	Conclusions/Follow Up
Review of Minutes	The September 10, 2014, and December 10, 2014, Minutes were accepted as written.	**Follow Up** N/A
Action	The September and December Minutes were approved as noted.	**Conclusions:** N/A

Agenda Item	Discussion	Conclusions/Follow Up
Pediatric Behavioral Health Initiative Preliminary QA	A Quality Assurance Analysis on the Pediatric Behavioral Health Initiative was presented.	**Follow Up** Informational
Action	Objectives	**Conclusions:** Informational

	• Discuss background information about the Pediatric Behavioral Health Medication Initiative (PBHMI). • Evaluate recent utilization and cost data for MassHealth members affected by the PBHMI. • Review member cases evaluated by the PBHMI Therapeutic Class Management (TCM) Workgroup. • Discuss recommendations for the MassHealth PBHMI. Background • Several studies investigated trends in behavioral health medication use in youth. • U.S. Government Accountability Office reported concerns with behavioral health medications prescribed in children. MassHealth Response • MassHealth Pharmacy Program developed the PBHMI. • Discussed prospective Prior Authorization (PA) requirement. • Discussed the MassHealth PBHMI guideline criteria. PBHMI TCM Workgroup • A multidisciplinary team consisting of Child Adolescent Psychiatrist, Clinical Pharmacists and a Social Worker • Discussed responsibilities • Discussed cases evaluated by the TCM Workgroup. Summary • The PBHMI was successfully implemented and has been generally well received by prescribers. • Of the sampled prior authorization requests for the PBHMI age requirement criteria, all requests were reviewed appropriately. • Prescriber outreach for provisional approvals and denials help ensure there is no disruption in member care. • The TCM workgroup will continue to evaluate clinically complex cases and encourage safe prescribing practices. • The PBHMI will continually be evaluated and criteria will be adjusted as needed based on current evidence-based medicine.	

Agenda Item	Discussion	Conclusions/Follow Up
Hepatitis C Agents Preliminary QA	The Harvoni (ledipasvir/sofosbuvir) Quality Assurance Analysis was presented.	**Follow Up** Informational

Action	Objectives • Discuss the place in therapy of Harvoni (ledipasvir/sofosbuvir) in the treatment of hepatitis C. • Review current MassHealth approval criteria. • Summarize member and prescriber demographic characteristics. • Analyze utilization, highlight trends in prior authorization (PA) request submissions, and summarize economic outcomes. • Discuss recommendations. Background • HCV infection is the most common chronic blood borne infection in the United States • Harvoni was FDA-approved on October 10, 2014, for the treatment of HCV genotype 1 infection • AASLD/IDSA/IAS-USA recommend combination treatment with one of the following for most patients: ➢ Harvoni (ledipasvir/sofosbuvir) ➢ Sovaldi (sofosbuvir) plus Olysio (simeprevir) ➢ Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir) with or without ribavirin Harvoni • Does not require administration with peginterferon (PEG) • The addition of ribavirin (RBV) may be necessary for some patients. • Short treatment duration of eight weeks for some patients • High cost ($63,000 to $189,000/treatment course) • Discussed AASLD/IDSA/IAS-USA guidelines • Limited clinical literature is also available to support use in Genotype 3 MassHealth Approval Criteria • Discussed PA Criteria for Genotype 1 Utilization and PA Request Overview • Spent over $25M from October 22, 2014 - January 31, 2015, and may extend to $100M over the course of a year. • Harvoni requests total 832 between October 22, 2014 - January 31, 2015 (analysis cut-off). Demographic Trends (October 22, 2014-January 31, 2015) • Distribution was highest amongst baby boomers. • HCV genotype 1 distribution was the highest at 95.6%	**Conclusions:** Informational

	• F3-F4 Stage Distribution was highest at 53.6% followed by F0 F2 at 38%. • Harvoni treatment durations were approved for 12 weeks at 58.6% for most followed by eight weeks at 33.1%. Prescriber and Pharmacy Summary • A total of 186 prescribers were identified: ➢ Gastroenterology/Hepatology (60.8%) ➢ Infectious diseases (31.2%) ➢ Internal medicine, family medicine, geriatrics (8.0%) • Pharmacies for 324 members with paid claims: ➢ Specialty pharmacies (57.1%) ➢ Hospital/health center outpatient pharmacies (26.2%) ➢ Community pharmacies (16.7%) Conclusions and Recommendations • All sampled approvals and denials were issued appropriately. • High initial denial rate due to incomplete PA requests. ➢ 36% of requests are approved upon the first request. ➢ 86% of requests are approved with the third request. ➢ PA form will be updated to highlight requirement for fibrosis Testing and decrease initial denials. • Low absolute denial rate of 6.9% • Assisting prescribers with selecting cost-effective regimens offers significant potential for cost-avoidance. • As outcomes are gathered, future analyses may confirm the amount of cost-avoidance realized. • Given the high cost and to assure appropriate utilization, Harvoni will remain on PA.	

Agenda Item	Discussion	Conclusions/Follow Up
Gout Agents QA	Presented a Quality Assurance Analysis on Anti-gout Agents	**Follow Up** Informational
Action	Discussed the following: • Background information on gout, agents to treat gout and their various utilizations in clinical practice • Evaluation of recent utilization and cost data for MassHealth members	**Conclusions:** Informational

	• Current prior authorization (PA) requests for the anti-gout agents • Historical comparison of utilization from last evaluation • Recommendations to current MassHealth clinical criteria	

Agenda Item	Discussion	Conclusions/Follow Up
MHDL Update	Presented the MassHealth Drug List (MHDL) Updates for Spring 2015	**Follow Up** Informational
Action	Discussed the following: • New MHDL Additions along with drug indications and PA status • MHDL Changes in prior authorization status • New MHDL Progesterone Agents prior authorization forms • Hepatitis C virus clinical documents updates and prior authorization now required for the use of high dose short-acting opioid and acetaminophen analgesics as monotherapy	**Conclusions:** Informational

Agenda Item	Discussion	Conclusions/Follow Up
DUR Operational Update	Presented a Quarterly Operational Update	**Follow Up** Informational
Action	Operational overview included: • Increase in prior authorization requests ➢ Pediatric initiative requests approaching 10,000 (between 800 to 900 requests per day) • Increase in DUR call center volume approaching 8,500 total call per month • DUR call center statistics ➢ Average wait time is under 20 seconds ➢ Average treatment time is under 4 minutes • Increase in DUR appeals and increase in provider outreach volume • The top ten medications requested for prior authorization from January 1, 2014 - December 31, 2014	**Conclusions:** Informational

Agenda Item	Discussion	Conclusions/Follow Up
MassHealth Update	Quarterly MassHealth Update	**Follow Up** Informational
Action	Discussed the following: • FY15 and FY16 government budget ➢ Redeterminations for MassHealth ➢ Cash management ➢ Early retirement • More contracts for better-net pricing • Pharmaceutical Program Savings Initiatives ➢ Manage pharmaceutical spend based on the net cost of the pharmacy spend ➢ Opioid management to mirror BCBS plan in limiting opiates ✓ Commented on the need for care in the decrease of opiate authorizations for pain management • Enrollments in MassHealth were 1.9M (30% of population in MA) in the final quarter of 2014. • Acknowledged the ***heroic effort*** that DUR staff made around the Hepatitis C, Opioids, and PBHM initiatives over the past several months. He also noted that PBHMI was among the first in the nation and intended to affect positive changes in prescribing practices for our pediatric Medicaid population.	**Conclusions:** Informational

Meeting adjourned at 8:05 PM.

Respectfully submitted by:
Vincent Palumbo, Director of DUR

Date: _____